

Exhibit B

**EXPLANATION OF BENEFITS****THIS IS NOT A BILL**

Please Retain for Future Reference

Date Printed: 03/08/11

Page 1 of 2

BRIDGET M. CURRAN
136 PLEASANT AVE
PLEASANTVILLE NY 10570-2834

QUESTIONS? Contact us at aetnanavigator.com

1-866-547-2670

Or write to the address shown above.

Notes:

Member: BRIDGET M CURRAN
Group Name: TRINET GROUP, INC.

Member ID: W184592702

Group Number: 0326341-11-001 MB PBB~80

All Remarks Appear After Final Claim**Claim Activity for REDACTED**

Patient Responsibility (shaded columns)											Total Patient Responsibility
DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED	PENDING OR NOT PAYABLE	SEE REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	
	A	B	C		D	E	F		G	H	I
This is the claim detail for the bills received on 02/15/11 Claim ID: PK34PX45M01											
RUDOLPH F TADDONIO 01/07/11 22802 7 TO 12 VERTEBRAL SEGMENTS	25,000.00		22,954.93	1			2,045.07	70%	1,431.55	613.52	23,568.45
Column Totals	25,000.00		22,954.93				2,045.07		1,431.55	613.52	23,568.45
This is the claim detail for the bills received on 02/15/11 Claim ID: PK34PX45M00											
RUDOLPH F TADDONIO 01/07/11 77011 COMPUTED TOMOGRAPHY GUIDANCE	5,500.00		5,500.00	2							5,500.00
62350 IMPLNT SPINAL CANAL CATHET26	11,000.00		10,793.97	3		206.03					11,000.00
61783 SCAN PROC SPINAL	6,000.00		5,717.03	1		47.85	235.12	70%	164.58	70.54	5,835.42
22843 INSERT SPINE FIXATION DEVICE	25,000.00		24,197.26	1			802.74	70%	561.92	240.82	24,438.08
Column Totals	47,500.00		46,208.26			253.88	1,037.86		726.50	311.36	46,773.50
This is the claim detail for the bills received on 02/15/11 Claim ID: PK34PX45M02											
RUDOLPH F TADDONIO 01/07/11 22212 SPINE OSTEOTOMY, POST, THORAC	15,000.00		14,303.25	3			696.75	70%	487.72	209.03	14,512.28
20936 SPINAL BONE AUTOGRAFT	6,000.00		5,872.73	1			127.27	70%	89.09	38.18	5,910.91

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CURRAN-AETNA000213



EXPLANATION OF BENEFITS

THIS IS NOT A BILL

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Date Printed: 03/08/11

Page 2 of 2

Claim Activity for **REDACTED**

Continued from Previous Page

Patient Responsibility (shaded columns)											Total Patient Responsibility
DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED	PENDING OR NOT PAYABLE	SEE REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	
	A	B	C		D	E	F		G	H	I
22216 REVISE, EXTRA SPINE SEGMENT	75,000.00		74,637.37	1			362.63	70%	253.84	108.79	74,746.16
Column Totals	96,000.00		94,813.35				1,186.65		830.65	356.00	95,169.35

You May Owe RUDOLPH F TADDONIO:

\$165,511.30

C + D + E + H = I

General Remarks:

- 1 - You are covered for expenses at a level set by your plan sponsor. The charge for services exceeds that amount. You are responsible for the amount indicated. If you have additional information we should consider, please let us know. 551
- 2 - Your plan provides coverage for only that part of a charge which is reasonable and appropriate as determined by Aetna based on factors such as the manner in which charges for services and supplies are made. 481
- 3 - Your plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure has been paid at 50% of the reasonable and customary rate due to multiple procedures performed on the same date of service. You may be responsible for this amount. U65

Plan Summary for 01/01/11 - 12/31/11

Description	Annual Limit	Year To Date	Remainder
Individual Limits			
REDACTED			
Medical In Network Share of Amt Remaining(Coinsurance)	\$1,000.00	\$1,000.00	\$0.00
Medical Out of Network Deductible	\$300.00	\$300.00	\$0.00
Medical Out of Network Share of Amt Remaining(Coinsurance)	\$3,000.00	\$1,595.60	\$1,404.40
Family Limits			
Medical In Network Share of Amt Remaining(Coinsurance)	\$2,000.00	\$1,595.60	\$404.40
Medical Out of Network Deductible	\$600.00	\$300.00	\$300.00
Medical Out of Network Share of Amt Remaining(Coinsurance)	\$6,000.00	\$1,595.60	\$4,404.40

Payment Summary:

Sent To	Date Sent	Amount
RUDOLPH F TADDONIO	03/10/2011	\$2,988.70

If you would like to appeal, please check this box ☐

Appeals

Please send your written appeal along with a copy of the entire EOB to this address:

Appeals Resolution Team
PO Box 14463
Lexington, KY 40512

You are entitled to a review (appeal) of this benefit determination if you have questions or do not agree.

To obtain a review, you or your authorized representative should call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the Appeals Resolution Team address shown above. Your request should include the group name (e.g., your employer), your name, member ID, address and date of birth and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Verbal or written requests for review of the adverse determination must be communicated, mailed or delivered within 180 days following receipt of this explanation or such longer period as may be specified in your plan brochure or Summary Plan Description.

If your plan provides for a single appeal, notice of the final determination will be sent within 60 days following receipt of your request unless otherwise required by state law.

If your plan provides for two appeals, notice of a determination will be sent within 30 days following receipt of your request unless otherwise required by state law. If you do not agree with such determination, you have the right to file a second request for review.

Please review your plan documents or contact your plan administrator to determine the appeals process available to you.

If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

A copy of the specific rule, guideline or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative.

Privacy

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this notice or for help with other questions, please be prepared to provide the member's name, member ID, address and date of birth.

Fraud

If you suspect fraud or abuse involving the services described in this Explanation of Benefits or would like to report other healthcare fraud related issues, please call the toll-free Hotline at 1-800-338-6361 or contact us by E-Mail at AETNASIU@AETNA.COM.

M-TRA-DFLT-Nat-***

CURRAN-AETNA000215



Aetna Life Insurance Company
P.O. BOX 14079
LEXINGTON, KY 40512-4079

Statement date: December 24, 2011

Member: BRIDGET M CURRAN

Member ID: W184592702

Group #: 0326341-11-001 MB PBB~80

Group name: TRINET GROUP, INC.

QUESTIONS? Contact us at aetna.com

1-866-547-2670

Or write to the address shown above.

BRIDGET M CURRAN
136 PLEASANT AVE
PLEASANTVILLE NY 10570-2834

THIS IS NOT A BILL

Keep this for your records

Explanation of benefits:

Track your health care costs

Going to a doctor or hospital in our network saves you money.


That's because we have arranged discounted rates with these providers.

Our online provider directory can help you find a doctor or other health care professional. Just go to www.aetna.com.

Amount you have left to meet deductible

To see your latest deductible totals, look for **"Your benefit balances"** toward the end of this statement. It shows any amounts remaining for this plan year.

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your doctor or health care provider billed for services.	\$168,500.00
Member rate:	The agreed upon amount your doctor or health care provider in our network accepts as their fee.	\$0.00
 Pending or not payable:	A claim that needs more review by us or an amount we did not pay. You may or may not have to pay this. Read 'Your Claim Remarks' to learn more.	\$165,032.79
Deductible:	The amount you pay before your health plan will pay benefits.	\$145.94
Coinsurance:	When you pay part of the bill and we pay part of the bill. This is your out-of-pocket amount.	\$1,892.98
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00

A message from Aetna

Introducing your new Explanation of Benefits. It has a simpler look and feel, designed with you in mind.



Statement date: December 24, 2011

Member: BRIDGET M CURRAN

Member ID: W184592702

Group #: 0326341-11-001 MB PBB~80

Group name: TRINET GROUP, INC.

Your payment summary

Your plan paid				You owe or already paid	
Patient	Provider	Amount	Sent to	Date	Amount
REDACTED	Rudolph F Taddonio	\$1,455.29	Rudolph F Taddonio	12/26/11	\$164,083.01
Total:		\$1,455.29			\$164,083.01

Your claims up close

Claim for REDACTED

Claim ID: PFAATFTMV00 Received on 9/29/11	Amount billed	Member rate	Not payable by plan (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
COMPUTED TOMOGRAPHY GUIDANCE on 1/7/11 77011	5,500.00		5,500.00 (1)						5,500.00
IMPLNT SPINAL CANAL CATHET26 on 1/7/11 62350	11,000.00		10,852.72 (2)	145.94		1.34	.94 (70%)	.40 (30%)	10,999.06
SCAN PROC SPINAL on 1/7/11 61783	6,000.00		5,671.64 (3)			328.36	229.85 (70%)	98.51 (30%)	5,770.15
INSERT SPINE FIXATION DEVICE on 1/7/11 22843	25,000.00		23,806.42 (4)			467.08	109.01 (23%)	358.07 (77%)	
			726.50 (5)						24,164.49
Rudolph F Taddonio Refer to Remarks Section			(6) (7)						
Totals:	47,500.00		46,557.28	145.94		796.78	339.80	456.98	\$46,433.70
	A	B	C	D	E	F	G	H	I

Late Claim Interest/Penalty was Applied to this Claim Due to State Regulations

\$6.42

! You can find all numbered claim remarks in 'Your Claim Remarks' section.

Claim for REDACTED

Claim ID: PYFAS14R900 Received on 9/29/11	Amount billed	Member rate	Not payable by plan (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
7 TO 12 VERTEBRAL SEGMENTS on 1/7/11 22802	25,000.00		21,970.33 (4)			1,598.12	689.22 (43%)	908.90 (57%)	
			1,431.55 (5)						22,879.23
Rudolph F Taddonio									

Continued on next page



Statement date: December 24, 2011

Member: BRIDGET M CURRAN

Member ID: W184592702

Group #: 0326341-11-001 MB PBB~80

Group name: TRINET GROUP, INC.

Claim for REDACTED

Claim ID: PYFAS14R900 Received on 9/29/11	Amount billed	Member rate	Not payable by plan (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
Refer to Remarks Section			(6) (7)						
Totals:	25,000.00		23,401.88			1,598.12	689.22	908.90	\$22,879.23
	A	B	C	D	E	F	G	H	I

Late Claim Interest/Penalty was Applied to this Claim Due to State Regulations

\$13.03

! You can find all numbered claim remarks in 'Your Claim Remarks' section.

Claim for REDACTED

Claim ID: PYYZS14RS00 Received on 9/29/11	Amount billed	Member rate	Not payable by plan (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You owe C+D+E+H=I
SPINE OSTEOTOMY, POST,THORAC on 1/7/11 22212	15,000.00		13,969.92 (8)			199.43		309.02 (100%)	
			830.65 (5)						14,278.94
SPINAL BONE AUTOGRAFT on 1/7/11 20936	6,000.00		5,812.10 (4)			187.90	131.53 (70%)	56.37 (30%)	5,868.47
REVISE, EXTRA SPINE SEGMENT on 1/7/11 22216 Rudolph F Taddonio	75,000.00		74,460.96 (4)			539.04	377.33 (70%)	161.71 (30%)	74,622.67
Refer to Remarks Section			(6) (7)						
Totals:	96,000.00		95,073.63			926.37	508.86	527.10	\$94,770.08
	A	B	C	D	E	F	G	H	I

Late Claim Interest/Penalty was Applied to this Claim Due to State Regulations

\$7.55

! You can find all numbered claim remarks in 'Your Claim Remarks' section.

Your Claim Remarks

General Remarks:

- (1) Your plan provides coverage for only that part of a charge which is reasonable and appropriate as determined by Aetna based on factors such as the manner in which charges for services and supplies are made. 481
- (2) Your plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure has been paid at 25% of the reasonable and customary rate due to multiple procedures performed on the same date of service. You may be responsible for this amount. [U67]
- (3) Your plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. In determining the amount of a charge that is covered we may consider other factors including the prevailing charge in other areas. If there is additional information that should be brought to our attention, please contact us. 498
- (4) Your plan provides benefits for covered expenses based on recognized charges, as determined by Aetna, for the same service. The charge for this service exceeds that amount. If there is additional information that should be brought to our attention, please let us know. 651
- (5) Our records show this is a duplicate claim. Please refer to prior Explanation of Benefits statement you received for this service or log onto Aetna Navigator at www.aetna.com. 114

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Statement date: December 24, 2011

Member: BRIDGET M CURRAN

Member ID: W184592702

Group #: 0326341-11-001 MB PBB~80

Group name: TRINET GROUP, INC.

General Remarks:

- (6) The late claim interest/penalty charge is required by state regulations. A late claim interest/penalty charge has been applied and is included in the payment. The charge has been paid by Aetna. It does not come from member funds, and is not applied to plan limits.
- (7) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]
- (8) Your plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. This procedure has been paid at 50% of the reasonable and customary rate due to multiple procedures performed on the same date of service. You may be responsible for this amount. U65

Your benefit balances to date for 1/1/11 to 12/31/11

Description		
Individual	Annual limit	Amount remaining
REDACTED		
Medical In Network Coinsurance	\$1,000.00	\$0.00
Medical Out of Network Deductible	\$300.00	\$0.00
Medical Out of Network Coinsurance	\$3,000.00	\$0.00
Family	Annual limit	Amount remaining
Medical In Network Coinsurance	\$2,000.00	\$0.00
Medical Out of Network Deductible	\$600.00	\$300.00
Medical Out of Network Coinsurance	\$6,000.00	\$3,773.08

Let's get healthy

Studies suggest that a good diet may reduce stress. And while it is difficult to give up a comforting treat, treats may backfire, making you feel worse. Less comfort food may actually make you feel more comfortable.

Si necesita asistencia lingüística en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.

Pour une aide en français, veuillez nous appeler au numéro figurant sur votre carte d'identité.

若需要中文协助，请拨打您医疗身分证上的电话联系我们。

Para sa tulong sa wikang Tagalog, tawagan kami sa numero na nasa iyong Medikal na ID card.

Ya'áti' t'áá dinék'ehji bee aká'a'áyeed biniiyé, nihich'í' hodílnihji' éi azee' ál'ídi naaltsoos bee néé ho'dílninígíí number bikáá' yisdzoh.

Für Auskünfte auf Deutsch rufen Sie einfach die Nummer auf Ihrer Krankenversicherungskarte an.

Do you need this in another language? Call us.

More Information

Do you have questions? Call us free of charge at the 1-800 number on the first page of this statement or on your member ID card.

Appeals

Please send your written appeal along with a copy of this entire EOB to this address:

Appeals Resolution Team
PO Box 14463
Lexington, KY 40512

If you disagree with a claim decision, you can ask us to review it. The process is called an appeal. You or someone you name to act for you, your authorized representative, can ask for this review. Call our Member Services Department using the telephone number displayed on the member ID card or send your written request to the above address.

Your request should include:

- Name, date of birth, and address
- Member ID number
- Group ID and name of your group, usually your employer
- Any other claim documents or records or other facts you would like us to consider. This could be new details that you did not give us the first time.

You have the right to look at the relevant documents we used to make our decision on your claim. A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative. You can ask for these (free of charge) by calling or writing us. You have 180 days from the time you get this explanation to appeal. You might even have more time if your plan brochure or Summary Plan Description says so.

When to expect a decision

- If your plan allows for one appeal we'll let you know our decision 60 days after we get your appeal request. Some states might require a different time period.
- Your plan may allow two appeals. In that case, we will let you know our first decision 30 days from the date we receive your appeal request, unless your state gives us a different amount of time. If you don't agree with that first decision, you have a second chance to appeal.

What happens next

If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Additional external review information: this section applies to insured plans contracted in the states of Alabama, Nebraska, Mississippi, and US Territories that are subject to the Patient Protection and Affordable Care Act (PPACA)

External review is available for adverse benefit determinations and final internal adverse benefit determinations which include denials of claims, adverse coverage determinations & rescissions. You can request an external review in writing by sending your request electronically via email to DisputedClaim@opm.gov, faxing it to 1-202-606-0036, or mailing to: PO Box 791, Washington, D.C. 20044. You have four months after the date of receipt of the notice of adverse or final internal adverse decision to request an external review. In urgent care situations, you may request an expedited review by calling the following toll-free number: 1-877-549-8152. If you have any questions or concerns, you can call the following toll-free number: 1-877-549-8152. You can submit additional written comments to the external reviewer at the mailing address above. If any additional information is submitted, it will be shared with the Aetna in order to give Aetna an opportunity to reconsider the denial.

You may also access www.aetna.com and search on the keyword 'privacy act' to obtain a copy of your Notice of Privacy Act Rights statement. If you do not have access to the internet and need help in obtaining this information, please contact us at the toll-free number on your ID Card.

Employer sponsored plans

If you don't agree with our final decision, you may have the right to bring a lawsuit under Section 502(a) of a law called ERISA. Check with your employee benefits coordinator to see which appeals process your plan allows and if your plan is governed by ERISA.

Coordination of benefits

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

Your privacy

Your health information is confidential. Any information you give us will be kept private. When contacting us about this notice or for help with other questions, please be prepared to provide your member name, member ID, and date of birth.

Prevent fraud

If you suspect fraud or abuse involving these services or would like to report other healthcare fraud-related issues, please call the toll-free hotline at 1-800-338-6361 or e-mail us at aetnasiu@aetna.com.

Resources available to help you

Need help understanding this notice or our decision? **Call us free of charge at the 1-800 number on your medical ID card.** There are also other resources available to help you. Most plans are now subject to health care reform law. Call us or ask your employer if your plan is subject to the law. If it is, you can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) for help, if your health plan is provided by your employer. In addition, a consumer assistance program may be able to assist you. Please refer to the "States and U.S. Territories with a Consumer Assistance Program" table for contact information.

Contact us or your employer to find out if your plan is insured or self-funded. If it is insured, you will also need to ask for contract state.

- If your plan is self-funded, use the state you live in
- If your plan is insured, use your contract state
- For international plans subject to the US health care reform law, use the state where the plan sponsor has their main place of business

States and Territories with Consumer Assistance Programs

State	Mailing Address, Telephone, E-Mail, and/or Web Address
AR	Arkansas Insurance Department Consumer Services Division, 1200 West Third St., Little Rock, AR 72201 Toll Free: 1-855-332-2227, E-Mail: Insurance.consumers@arkansas.gov
CA	California Department of Managed Health Care Help Center, 980 9th St Suite 500, Sacramento, CA 95814 Toll Free: 1-888-466-2219, Web: http://www.healthhelp.ca.gov , E-Mail: helpline@dmhc.ca.gov
CT	Connecticut Office of the Healthcare Advocate, P.O. Box 1543, Hartford, CT 06144 Toll Free: 1-866-466-4446, Web: www.ct.gov/oha , E-Mail: healthcare.advocate@ct.gov
DC	DC Office of the Health Care Ombudsman and Bill of Rights, 899 North Capitol St., NE, 6th Floor, Rm 6037, Washington, DC 20002 Toll Free: 1-877-685-6391, E-Mail: healthcareombudsman@dc.gov
DE	Delaware Department of Insurance, 841 Silver Lake Blvd, Dover, DE 19904 Toll Free: 1-800-282-8611, E-Mail: consumer@state.de.us
GA	Georgia Office of Insurance and Safety Fire Commissioner Consumer Services Division, 2 Martin Luther King, Jr. Drive, West Tower, Suite 716, Atlanta, GA 30334 Toll Free: 1-800-656-2298, Web: http://www.oci.ga.gov/ConsumerService/Home.aspx
Guam	Guam Department of Revenue and Taxation, 1240 Army Drive, Barrigada, Guam 96921 Tel: 1-671-635-1844
IA	Iowa Consumer Advocate Bureau, 330 Maple St, Des Moines, IA 50319 Toll Free: 1-877-955-1212, Web: http://insuranceca.iowa.gov/ , E-Mail: consumer.advocate@iid.iowa.gov
IL	Illinois Department of Insurance, 320 W. Washington St, 4th Floor, Springfield, IL 62727 Toll Free: 1-877-527-9431, Web: http://www.insurance.illinois.gov , E-Mail: DOI.Director@illinois.gov
KS	Kansas Insurance Department Consumer Assistance Division, 420 SW 9th Street, Topeka, KS 66612 Toll Free: 1-800-432-2484, Web: http://www.ksinsurance.org , E-Mail: CAP@ksinsurance.org
KY	Kentucky Department of Insurance, Consumer Protection Division, P.O. Box 517, Frankfort, KY 40602 Toll Free: 1-877-587-7222, Web: http://healthinsurancehelp.ky.gov , E-Mail: DOI.CAPOmbudsman@ky.gov
MA	Health Care for All, 30 Winter Street, Suite 1004, Boston, MA 02108 Toll Free: 1-800 272-4232, Web: http://www.hcfama.org/helpline
MD	Maryland Office of the Attorney General/Health Education and Advocacy Unit, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202 Toll Free: 1-877-261-8807, Web: http://www.oag.state.md.us/Consumer/HEAU.htm , E-Mail: heau@oag.state.md.us
ME	Consumer for Affordable Health Care, 12 Church Street, PO Box 2490, Augusta, ME 04338-2490 Toll Free: 1-800-965-7476, Web: http://www.maineahc.org , E-Mail: consumerhealth@mainecahc.org
MI	Michigan Health Insurance Consumer Assistance Program (HICAP)/Michigan Office of Financial and Insurance Regulation, P.O. Box 30220, Lansing, MI 48909 Toll Free: 1-877-999-6442, Web: http://michigan.gov/ofir , E-Mail: ofir-hicap@michigan.gov
MO	Missouri Department of Insurance, 301 W. High Street, Room 830, Harry S. Truman State Office Building, Jefferson City, MO 65101 Toll Free: 1-800-726-7390, Web: http://insurance.mo.gov/ , E-Mail: consumeraffairs@insurance.mo.gov
MS	Health Help Mississippi, 800 North President Street, Jackson, MS 39202 Toll Free: 1-877-314-3843, Web: http://www.healthhelpms.org , E-Mail: healthhelpms@mhap.org
MT	Montana Consumer Assistance Program, 840 Helena Ave., Helena, MT 59601 Toll Free: 1-800-332-6148, Web: http://www.csi.mt.gov/
NC	North Carolina Department of Insurance/Health Insurance Smart NC, 430 N. Salisbury Street, Raleigh, NC 27603 Toll Free: 1-877-885-0231, Web: http://www.ncdoi.com/
NH	New Hampshire Department of Insurance, 21 South Fruit Street, Suite 14, Concord, NH 03301 Toll Free: 1-800-852-3416, E-Mail: consumerservices@ins.nh.gov , Web: http://www.nh.gov/insurance/
NJ	New Jersey Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625 Toll Free: 1-800-446-7467 or 1-888-393-1062 (appeals), Web: http://www.state.nj.us/dobi/consumer.htm , E-Mail: ombudsman@dobi.state.nj.us
NM	New Mexico Public Regulation Commission/Division of Insurance, 1120 Paseo De Peralta, Santa Fe, NM 87504 Toll Free: 1-888-427-5772, Web: http://www.nmprc.state.nm.us/id.htm , E-Mail: mchb.grievance@state.nm.us
NV	Office of the Governor, Consumer Health Assistance, 555 East Washington Ave #4800, Las Vegas, NV 89101 Toll Call: 1-702-486-3587, Toll Free: 1-888-333-1597, Web: http://www.govcha.state.nv.us , E-Mail: cha@govcha.state.nv.us
NY	Community Service Society of New York, Community Health Advocates, 105 East 22nd Street, 8th floor, New York, NY 10010, Toll Free: 1-888-614-5400, Web: http://www.communityhealthadvocates.org/
OK	Oklahoma Insurance Department, Five Corporate Plaza, 3625 Northwest 56th Street, Suite 100, Oklahoma City, OK 73112, Toll Free: 1-800-522-0071 (in-state only), Toll Call: 1-405-521-2828, Web: http://www.ok.gov/oid/Consumers/Consumer_Assistance/index.html

States and Territories with Consumer Assistance Programs

State	Mailing Address, Telephone, E-Mail, and/or Web Address
OR	Oregon Insurance Division, P.O. Box 14480, Salem, OR 97309-0405 Tel: 1-503-947-7984, Web: http://www.cbs.state.or.us/ins/index.html , E-Mail: cp.ins@state.or.us
PA	Pennsylvania Department of Insurance, 1326 Strawberry Square, Harrisburg, PA 17111 Toll Free: 1-877-881-6388 Web: www.insurance.pa.gov
PR	Puerto Rico Oficina de la Procuradora del Paciente, 1215 Ponce de Leon, PDA 18, Santurce, PR 00907 Toll Free: 1-800-981-0031, Web: http://www.pacientes.gobierno.pr , E-Mail: querellas@opp.gobierno.pr
RI	Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Bldg 69-2, Cranston, RI 02920 Toll Free: 1-401- 462-9520, Web: http://www.dbr.state.ri.us and http://www.ohic.ri.gov , E-Mail: InsuranceInquiry@dbr.ri.gov and HealthInsInquiry@ohic.ri.gov
SC	South Carolina Department of Insurance/Consumer and Individual Licensing Services Division, P.O. Box 100105, Columbia, SC 29202 Toll Free: 1-800-768-3467, Web: http://www.doi.sc.gov , E-Mail: consumers@doi.sc.gov
TN	Tennessee Department of Commerce and Insurance, 500 James Robertson Pkwy, Davy Crockett Tower, 4th floor, Nashville, TN 37243 Toll Free: 1-800-342-4029, Web: http://www.tn.gov/commerce/insurance , E-Mail: CIS.Complaints@state.tn.us
TX	Texas Consumer Health Assistance Program, Texas Department of Insurance, Mail Code 111-1A, 333 Guadalupe, P.O. Box 149091, Austin, TX 78714 Toll Free: 1-855-839-2427 (855-TEX-CHAP), Web: www.texashealthoptions.com , E-Mail: chap@tdi.state.tx.us
VA	Virginia State Corporation Commission/Life & Health Division, Bureau of Insurance, P.O. Box 1157, Richmond, VA 23218 Toll Free: 1-877-310-6560, Web: http://www.scc.virginia.gov/boi , E-Mail: bureauofinsurance@scc.virginia.gov
VI	U.S. Virgin Islands Division of Banking and Insurance, 1131 King Street, Suite 101, Christiansted, St. Croix, VI 00820 Tel: 1-340-773-6459, Web: http://www.ltq.gov.vi
VT	Vermont Legal Aid, 264 North Winooski Ave., Burlington, VT 05402 Toll Free: 1-800-917-7787, Web: http://www.vtlegalaid.org
WA	Washington Consumer Assistance Program, 5000 Capitol Blvd, Tumwater, WA 98501 Toll Free: 1-800-562-6900, Web: http://www.insurance.wa.gov/ , E-Mail: cap@oic.wa.gov
WV	West Virginia Office of the Insurance Commissioner/Consumer Service Division, P.O. Box 50540, Charleston, WV 25305 Toll Free: 1-888-879-9842, Web: http://www.wvinsurance.gov/